Testimony on Proposed budget increases for School Based Health Center Programs
February 26, 2007

My name is Nancy Munn. For the past 18 years, I have been a nurse-practitioner at 2 School Based Health Centers (SBHCs) in Bridgeport—a high school for 8 years, and am now in a pre-K to 8th grade school. I am here today to support bill #5074, "An Act Increasing Funding for School Based Health Centers".

When I started working in SBHCs, there were 60 in the United States with 3 of them in Bridgeport. Now there are over 1600 SBHCs nation wide and 66 in CT supported by DPH in 19 communities.

For those of you who may not know, SBHCs provide physical, dental and mental health care services within the school to children, adolescents, and their families on site, minimizing the student's loss of academic time without requiring their parents to take time off from work.

Every year it is a struggle to meet the growing needs and costs to provide services to the students enrolled in SBHCs. Over the last 18 years, funding from the State Dept. of Public Health for SBHCs has remained stagnant with the exception of 3 COLA increases; yet costs to provide these services has increased yearly. In July 2006, in response to Senate Bill 317, the Commissioner of the Dept. of Public Health established an Ad Hoc Committee for assistance in improving health care through access to School-Based Health Centers. (Please refer to the attached executive summary from the Ad Hoc Committee). This committee was charged with defining the status of the current SBHC system and making recommendations resources, access to care, and fiscal support to achieve the Level V model, which is the DPH standard model for a SBHC.

If increased funding is to be made available, the committee recommends the following:

- Bring all currently operating SBHCs up to a level V. It costs $471,603.00 per year to operate a level V SBHC, with comprehensive dental services, during the school year. The cost to have the 66 currently operating SBHCs at a level V, with comprehensive dental services, during the academic year is $31,125,798.
- In addition, consider increased funding to those sites that justify the value of operating beyond the school year. It costs $517,727 per year to operate a level V SBHC, with comprehensive dental services, on a year round basis.

Bearing in mind these recommendations, at this time each health center only receives approximately $110,000.00 per center.

The Executive Summary of the Ad Hoc Committee contains more information concerning these recommendations.

While SBHC programs actively engage in billing for services and continually search for additional grants and other funding it isn't nearly enough to fill the gap. Despite limited increases in state funding, new funding has been established. However, all of the communities have been forced to cut services in each of their centers.

While dollars have decreased, the needs of these children and their families that seek our services have not.

At my own school, over the past five weeks, 16 out of 32 throat cultures were positive for strep throat. Most of these children did not present with typical symptoms so they would not have gone to their outside

medical providers if they even had one. I have seen countless numbers of uninsured children with serious cellulitis infections that would have resulted in very expensive trips to the emergency rooms, and left families unable to pay for the antibiotics necessary to treat them, let alone the level of intense follow-up needed to treat these life threatening infections. These and many more issues such as asthma, depression, and obesity have been successfully treated by SBHCs at a very low cost to the tax payer. Many parents are able to stay at work while their children are evaluated and cared for at school.

R.G. had been bounced around as a child. At the age of 15, his guardian died and he moved from his home state to CT to live with his elderly grandfather. R.G. needed a pre-entrance physical exam for school, so he enrolled in the SBHC. Upon examination, the Nurse practitioner discovered a severe heart murmur and grossly enlarged tonsils. The SBHC staff worked to enroll R.G. in the CT HUSKY (Medicaid) plan. They obtained appointments for him at specialty clinics. He subsequently had a mitral valve replacement that saved his life, followed by a tonsillectomy. He continues to work with SBHC staff on issues related to his health, his relocation and the death of his guardian.

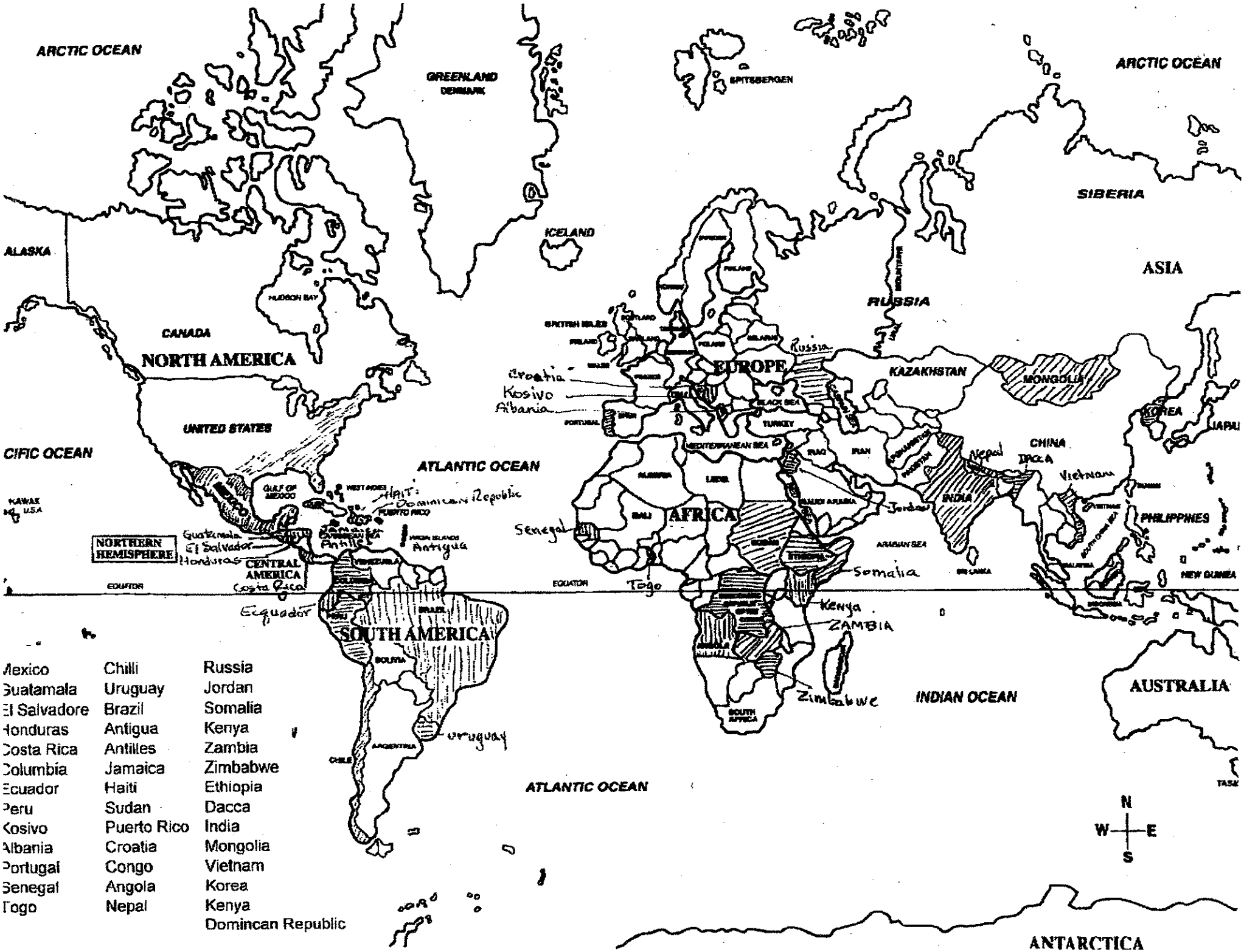
We not only care for children from CT, we care for children who come from all over the world. I have presented you with a map of countries where children have immigrated from in the past 2 _ years. Some of these children have been diagnosed with HIV, had positive tuberculosis tests requiring chest X-Rays and 9 months of antibiotic therapy, numerous intestinal parasites, horrible dental issues, and lack adequate vaccinations, among other issues. We are the safety net in the community as many of these children would wait months trying to get into community clinics for their school physicals and immunizations, and would be lost to follow-up because they lack insurance or close supervision. With soaring emergency room costs and limited resources, who would care for these children if not us?

I speak for all who care for children and families that additional funding is desperately needed to adequately support the good works of the current SBHCs as well as fund new programs in other needy areas of CT. Please know that your dollars will be used to improve the health and well-being of many of the neediest children in our state and that will result in lowered health care costs overall and decreased burdens on taxpayers.

You can help to make CT a model for the rest of the country for delivering health care to the under and uninsured.

I urge you to support this Bill to increase funding for School Based Health Centers so our children have easy access to affordable, reliable comprehensive primary and preventive health care. They deserve nothing less.

Thank you for your time and efforts on behalf of the children of Connecticut.



Mexico	Chilli	Russia
Guatamala	Uruguay	Jordan
El Salvadore	Brazil	Somalia
Honduras	Antigua	Kenya
Costa Rica	Antilles	Zambia
Columbia	Jamaica	Zimbabwe
Ecuador	Haiti	Ethiopia
Peru	Sudan	Dacca
Kosivo	Puerto Rico	India
Albania	Croatia	Mongolia
Portugal	Congo	Vietnam
Senegal	Angola	Korea
Togo	Nepal	Kenya
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EXECUTIVE SUMMARY

In response to §51, Committee to Improve Health Care Access of Senate Bill 317, An Act Concerning Revisions to Department of Public Health Statutes, the Commissioner of the Department of Public Health established an Ad Hoc Committee for assistance in improving health care through access to School-Based Health Centers (SBHC), particularly by underinsured or uninsured people or Medicaid recipients.

The Ad Hoc Committee has representatives from the Departments of Public Health, Social Services, Mental Health and Addiction Services, Children and Families, Education; the Office of Policy and Management, and School Based Health Centers. In order to accomplish the tasks assigned, the Committee met six times between June 28 and the end of November 2006.

The group was charged with researching and recommending responses to the following three questions:

- Would statutory and/or regulatory changes improve healthcare through access to SBHC, particularly by persons who are underinsured, uninsured or receiving services under the state Medicaid program?
- What is the status of the current SBHC system and what recommendations are needed to improve resources, access to care, and fiscal support to achieve the Level V Model, which is the DPH Standard Model for a SBHC?
- What supportive processes are necessary to expand the current SBHC system (new sites) with respect to resources, access to care, and fiscal support?

Presentation of the findings and recommendations respond to the three charges outlined above and specifically address resources, access, and fiscal support for the current SBHC system and for future SBHC. These recommendations are based on additional funding through the appropriations process, if made available.

Recommendations in Response to Charge One:

- The Committee does not suggest any statutory or regulatory changes to improve access to SBHC at the present time. However, to assure the sustainability and proper expansion of Level V Model SBHC in Connecticut, statutory and/or regulatory changes may be warranted in the future.

- To move this agenda forward, the Committee recommends that a group consisting of representatives from SBHC, state agencies that provide direct services, Department of Social Services (Medicaid), as well as other appropriate identified entities, such as behavioral health providers, should continue to meet to revisit this charge as well as to facilitate ongoing, timely problem solving. Potential areas for further exploration by this committee include, but are not limited to, third party reimbursement, expansion of the Level V Model, stable funding sources, resource leveraging, and licensing requirements. This mechanism of sharing expertise and resources will help to promote an effective and efficient SBHC program in CT.

Recommendations in Response to Charge Two:

- If increased funding were available, bring all currently operating SBHC up to a Level V. In order to be considered a state-funded Level V SBHC in CT, the center must operate full time during the academic year including all hours of school operation. It must also operate as a Comprehensive SBHC, which is defined as a unique service delivery model that concurrently blends medical care with preventive and behavioral health services provided by a team of licensed inter-disciplinary professionals (at minimum, medical and behavioral) with particular expertise in child/adolescent health who work side-by-side to address and coordinate a broad spectrum of students' health needs and routinely offer to students time-intensive anticipatory guidance and health education. This model represents the highest standard of care available (National Gold Standard) with respect to the range and quality of SBHC services.

Note: This recommendation takes priority over the establishment of new sites. *It costs $471,603 per year to operate a Level V SBHC, with comprehensive dental services, during the academic year. The cost to have the 66 currently operating SBHCs at a Level V, with comprehensive dental services, during the academic year is $31,125,798.*

  - A mechanism should be developed by DPH to award additional funds based on need documented through criteria such as District Reference Groups (DRG), Health Professional Shortage Areas (HPSA), Medically Underserved Areas (MUA), Priority School Districts (PSD) and schools making inadequate progress in achieving No Child Left Behind (NCLB) goals. (See more information on these criteria under Recommendations in Response to Charge Three.)

- Consider core funding of 75% of SBHC budgets through the Department of Public Health's SBHC line item. Currently SBHC receive $7,286,531 ($6,998,435 in state dollars, $288,096 in federal funds) through the SBHC line item via the Department of Public Health. *Seventy-five percent of the cost to operate 66 SBHC at a Level V, with dental services, during the academic year is $23,344,348. New cost to the state would be 16,057,817. ($23,344,348 - $7,286,531.)*

- Consider increased funding to those sites that justify the value of operating beyond the school year. *It costs $517,727 per year to operate a Level V SBHC, with comprehensive dental services, on a year round basis.*

- Convene a meeting of MCO and other insurers to address how to maximize reimbursement to SBHC.

- Assess the current capacity of SBHC to offer dental services. Base the need for oral health care within each community in order to determine the best way to meet the need, i.e., within a center, through a freestanding dental clinic, or through a dental van service. A budget would then be developed for providing the dental service.

- Assess and assure that adequate DPH staff resources are in place to fully support the level of oversight and technical assistance required if additional sites are brought on board.

- If increased funding were available, increase funding to the SBHC training line item in order to provide adequate technical assistance in areas such as:
  - Best practices in the delivery of health care services
  - Coding and reimbursement
  - Practice management

- Follow the recommendations to enhance the Management Information System outlined in the CT Department of Public Health School Based Health Centers' Report, "Evaluation of Data Collection System", prepared for DPH by a data consultant. *The cost to implement the recommendations related to software and DPH staffing is $150,000 ($60,000 for software, $90,000 to establish a dedicated SBHC data management staff position.)*

Recommendations in Response to Charge Three:

- If increased funding were available, increase the number of new SBHC sites in order to expand safety net services to more students in Connecticut.

- All awards to new sites should be conducted through a competitive RFP process.
  - Require new grantees to conduct a needs assessment and develop a strategic plan for ongoing sustainability and community support.

- The RFP process should use standardized criteria to document need. Standardized criteria recommended for consideration are:
  - District Reference Groups (DRG) from CT State Department of Education - consist of three indicators of socioeconomic status; three indicators of need; and enrollment status. (For more information on DRG go to: http://www.ctkidslink.org/pub_detail_303.html.)
  - Priority school districts (PSD), which are school districts with the greatest academic need.
  - Schools not making adequate progress on No Child Left Behind goals. (For more information on NCLB go to: http://www.csde.state.ct.us/public/cedar/nclb/index.htm.)
  - Health Professional Shortage Area (HPSA) designations, which indicate a shortage of providers within geographic areas, population groups or facilities. A HPSA designation can be in primary medical care (HPSA-P); dental (HPSA- D) and/or mental health (HPSA-M). (For more information on HPSA go to: http://bhpr.hrsa.gov/shortage/)
  - Designations of Medically Underserved Areas (MUA) which are geographic areas in which residents have a shortage of personal health services. (For more information on MUA go to: http://bhpr.hrsa.gov/shortage/)
  - Community support for the SBHC service delivery model
    - Inclusive of ability to assure at least a 25% funding match

- Consider annual funding of different types of grants --
  - Planning grants of $50,000
  - Enhanced School Health Clinical Services at 75% of their costs ($152,144 for academic year; $176,882 for year round)
    - Offering Enhanced School Health Clinical Services is a first step toward the establishment of Level V SBHC; especially in those communities that have completed a planning process.
  - New Level V SBHC (with comprehensive dental services) at 75% of their costs ($353,702 for academic year; $388,295 for year round)

SUMMARY COMMENT

It is the hope of the Ad Hoc Committee that the work done between July and November 2006 is seen as a beginning process that has informed the Department on DPH-funded school based health centers. The intent of this report, especially the recommendations, is to strengthen and expand the delivery of care provided through SBHC to Connecticut children, their families and their communities.